

Appl. No. 10/070,342  
Amdt. dated 22 January 2004  
Reply to FINAL Office action of 6-Oct-03

**Amendments to the Specification:**

Please replace the paragraph beginning at page 1, line 33 through page 2, line 14 with the following rewritten paragraph:

3) Known early-generation surgical tools include the electromagnetic field focusing (EFF) probe and the later-developed electroconvergent cautery (ECC) system, both of which include a system of large, complex external subassemblies; for reference, see FIG. 1 which is a block diagram illustrating the current EFF system setup; and for the ECC system setup, see Patil, A.A., Yamanashi, W.S. "Electroconvergent Cautery" *Neurosurgery*, Vol. 35, No. 4 (October [1944] 1994): 785-788. In either case, the handheld probes associated with the EFF or ECC systems (in FIG. 1, EFF probe is labeled P) merely include a hot tip for cutting, wiring that extends the length of the probe handle, a vacuum tube attached to an external vacuum source to aid in the removal of vaporized tissue and fluids generated at the hot tip of the probe during operation, and an electrical connector at the other end of the probe handle for connecting to the external, complex impedance matching assembly (such as that represented in FIG. 1 and labeled IMN). A separate probe ON/OFF foot pedal, labeled FP in FIG. 1, is electrically hardwired to the probe system for use by a surgeon. Unfortunately, the foot pedal switch and the separate probe tuner of the known system are awkward—taking up much-coveted space in an operating room. Furthermore, not only is it difficult for a surgeon to locate, without the benefit of direct visual aids, the foot pedal of these prior devices while concentrating on handling and focusing the probe to cut the necessary area of tissue, but once the foot pedal is located, a surgeon's foot can accidentally fall-off of the pedal— which of course can create very dangerous situations during surgery causing inadvertent injury.